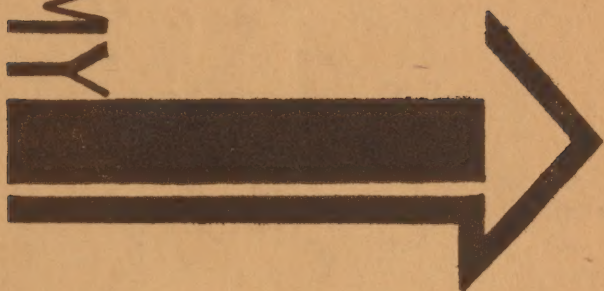


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MEET YOUR ENEMY

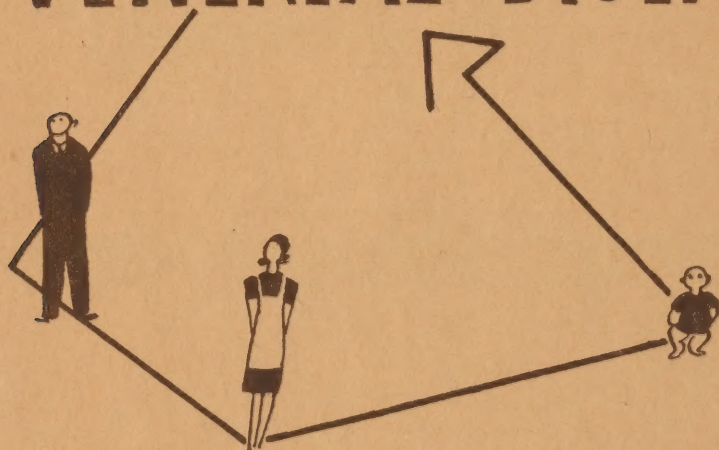
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VENEREAL DISEASE



MEET YOUR ENEMY—VENEREAL DISEASE

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Prepared by Social Protection Division, Office of Community War Services,
Federal Security Agency

In Consultation with the National Women's Advisory Committee on Social Protection

Do You Know That . . .

1. On the basis of Selective Service medical examinations, it has been reliably estimated that in 1941 more than 3,200,000 Americans had syphilis. That is, 1 in every 42. And gonorrhea is estimated to occur 3 to 5 times more frequently than syphilis.
2. An average of 18,000 deaths from syphilis, all forms, is reported in the United States annually. At least 9 percent of all new admissions to mental hospitals in the United States are due to syphilis.
3. Syphilis kills more than 30,000 of our babies before birth every year and yearly afflicts 34,000 more who are born with the disease.
4. Gonorrhea has crippled thousands of persons and is still a common cause of sterility in both men and women. Young people are chiefly affected, as 75 percent of new infections occur in the age group 15 to 30 years.
5. Venereal diseases are a drain on every taxpayer. The cost of public care of the syphilis blind and insane has been estimated at \$41,000,000 a year.
6. Surveys have shown that 50 to 90 percent of the persons in houses of prostitution are infected with syphilis, or gonorrhea, or both, and that nearly all promiscuous men and women become infected.
7. Statistics show that the repression of prostitution and sexual promiscuity bears a direct relationship to a decline in venereal disease rates.
8. Some countries have nearly wiped out venereal disease. Before the war, Sweden had only 6 new cases of syphilis annually to each 100,000 of its population. That same rate would give the United States about 7,800 new cases each year. But actually more than 25 times that number occur in the United States—our total new cases each year are estimated at 200,000.
9. In recent years, medical science has developed several promising methods for rapid treatment of syphilis. The sulfa drugs have proven useful in treating many cases of gonorrhea. And penicillin now offers hope that both syphilis and gonorrhea may be still further reduced.

**These Facts Concern You—Your Home—Your Community
Let's Do Something About the Problems They Present**

Source of Data:

Venereal Disease Division, United States Public Health Service, Federal Security Agency, and Social Protection Division, Office of Community War Services, Federal Security Agency.

FOREWORD

Millions of Americans of all ages and levels of economic life have syphilis and gonorrhea, the two most common venereal diseases. Because they are infectious and widespread, these diseases are not the enemy of infected persons alone. As long as VD exists, VD is your enemy. In terms of infection, cost to the taxpayer and lowered health standards, this threat spells danger to you and to your family.

But the pain and damage, the cost and tragedy of VD can be erased from the face of America. "Meet Your Enemy" describes the strategy of battle against this menace to our National welfare—a battle that must be fought by every community and citizen in the land.

You have powerful allies when you attack syphilis and gonorrhea. Today five cooperating, national agencies are immediately concerned with the Federal program for venereal disease control. These agencies are the Army, the Navy, the U. S. Public Health Service and the Social Protection Division of the Federal Security Agency, and one voluntary organization, the American Social Hygiene Association. They are providing leadership, and are consolidating the battle lines against VD. But to be effective, they need to have, massed behind them the American people, informed and equipped for the fight.

The history of "Meet Your Enemy" dates back to June 1943, when Charles P. Taft, then Director of the Office of Community War Services, Federal Security Agency, called a meeting of representatives of National women's organizations for a discussion of this country's venereal disease problems and what is being done to meet them.

At the conclusion of this conference, these representatives of the various organizations were appointed to the National Women's Advisory Committee on Social Protection, which has since acted in an advisory capacity to the Director of the Social Protection Division. An executive group of this Committee prepared "Meet Your Enemy."

Women's organizations requested a guide for their work in the field of venereal disease control. This publication was written for them and to them, but it describes a problem we all must face and tackle together.

My highest praise and gratitude goes to those women who prepared "Meet Your Enemy." They have done a challenging job well. They have provided the ammunition for a broad, offensive battle against these venereal diseases and against prostitution and sexual promiscuity, the chief means by which the venereal diseases spread. If this ammunition is diligently used, the National plagues of syphilis and gonorrhea will be well on their way toward destruction.

ELIOT NESS,
Director, Social Protection Division, O. C. W. S.
Federal Security Agency.

INTRODUCTION

To a greater extent than ever before, we are able to come out in the open and talk about syphilis and gonorrhea. Although some newspapers, magazines and radio stations still will not permit discussion of these diseases, public opinion, responding to the call to join in the national campaign, has gradually knocked down the barriers of silence that have surrounded this subject. But let's not overestimate this achievement. Conversational freedom to call syphilis and gonorrhea by name does not necessarily increase *public understanding* of these diseases. Many persons today are still unaware of the facts, not to speak of the significance of the problem.

The women of the Nation, particularly those organized into action groups, can play an increasingly important role in public education on the hazards of venereal disease, prostitution and promiscuity. "Meet Your Enemy" has been prepared as a guide for study of the problem by women's organizations and as an aid in developing broad educational programs on this subject.

We recognize that venereal diseases and their chief sources, prostitution, promiscuity, and the exploitation of youth, have deep and intertwining roots. We know, for example, that there is frequently a direct link between poverty and high venereal disease rates. We know that insecurity, illiteracy, emotional maladjustment, slums, lack of job opportunities, and substandard community conditions are important factors in the propagation of syphilis and gonorrhea. But—although these factors need intelligent consideration—they are not in the immediate field of VD control.

This pamphlet deals specifically with the main sources of VD and the way that they can be destroyed. It deals primarily with Social Protection, which is defined as the prevention and repression of prostitution and sexual promiscuity for the control of venereal disease.

We realize that prevention, control and repression must start in the community with better understanding of the problem, mobilization of our resources, and a concerted attempt to bring about safe, healthful and socially desirable living conditions as basic protection against venereal diseases.

We have worked with the tools at hand to help in the massive task of bringing the main sources of venereal disease completely out into the sunlight. If we can help accomplish this, we and all the other women in this Nation shall have done a mighty job.

NATIONAL WOMEN'S ADVISORY COMMITTEE
ON SOCIAL PROTECTION.

THE SCOPE OF THE PROBLEM

The venereal diseases present extraordinarily complex problems—both from the public health and the social points of view. Of all the communicable diseases, they are the most difficult to control; first, because their spread is associated with the most intimate of personal relationships, namely, sex behavior; and second, because the early stages of these diseases often are not recognized. In spite of the fact that there are available effective medical means for detecting and treating venereal diseases, it is no simple matter to locate infectious individuals, place them under treatment, and keep them under treatment until they are cured or no longer able to infect others.

But finding and treating infected persons is not enough. There must be social control as well as public-health control. And social control means locating and removing the community ills which aid the spread of venereal infection, and also reeducating the victims to a wholesome and useful life—just as public-health control means locating and treating the sources of infection and restoring the victims to bodily health.

You are members of a citizen army that should be concerned with the broad aspects of this problem. It is your own community facilities and attitudes that are meeting, or failing to meet, the challenge of venereal diseases: your law enforcement and health agencies, your courts, churches, schools, and social agencies. You should know what these agencies are doing. Your knowledge need not be technical, but it cannot be limited to one aspect of the problem alone.

Before your organization, or you as an individual, can launch an attack against venereal disease and its contributing factors, you must be armed with more than statistical information such as that found listed at the beginning of this manual. You must learn to recognize the main roots of the problem; you must know the answers that experts have developed to meet the problem in all its aspects. Only then can you become an effective fighter.

Some main topics for your study have been briefly developed below. References for more complete information on these various and important aspects of the venereal disease problem will be found in the appendix.

What We Mean by VD

There are five venereal diseases: syphilis, gonorrhea, chancroid, lympho-granuloma venereum, and granuloma inguinale. Syphilis and gonorrhea, however, are the two which are most prevalent in the United States, and they have afflicted the human race for cen-

turies. Syphilis swept across Europe as a deadly plague nearly 450 years ago. Gonorrhea's known history is even longer. This disease can be traced back for centuries before the beginning of the Christian era. Its history is as long as the recorded history of man. Today there is no excuse for tolerating these diseases, for modern science has discovered their causes and cures.



Spirochetes

Syphilis is passed from one person to another through intimate contact, chiefly during sexual intercourse. Although it may also be acquired by contact with syphilitic sores on the mouth or other parts of the body, its transmission by means other than intercourse is rare. The first sign of the disease is a sore, known as a chancre, that appears where the germs entered the body, usually on the sex organs. The sore, however, may not always be seen, or it often is so small, and so seldom causes pain, that the infected person will not realize its significance.

Although the first sore will heal slowly without treatment, the disease is still present. Even before the chancre appears, syphilis germs, the spirochetes, have spread to other parts of the body. It is important to begin medical treatment for syphilis immediately after the first indication that the disease is present. The longer treatment is put off, the more difficult syphilis is to cure.

Syphilis may attack any part of the body. But while spirochetes are destroying vital organs, a person may be unaware of his infection. It may take years for the disease to achieve its final injuries to the heart, brain, nerves, eyes, or other parts of the body.

Nearly all cases of syphilis can be cured, particularly if treatment is begun in the early stages of the disease. Most old cases of syphilis can be arrested—even if there has been early damage to the nervous system, bones, heart, or brain. The type of treatment generally used in clinics today covers a period of many months, but in hospitals where special equipment and medical specialists are available, more rapid treatment methods are now being used successfully.

Gonorrhea also is spread chiefly through sexual intercourse. It ordinarily starts as a local infection of the sex organs, which soon become inflamed. Usually it creates both a burning sensation during urination and a discharge of pus. These symptoms may, however, be mild.

Some people say that gonorrhea is no more serious than a common

cold. This is an ancient, fantastic tale, spun by amateur medicine men, and lacking factual medical basis. Nevertheless, this tale is widely believed and has kept many persons with gonorrhea infections from realizing the necessity for early treatment.

Sterility in both men and women, and arthritis, may result from failure to secure treatment for the infection. With the new drugs total cure of gonorrhea takes a much shorter time than that for syphilis. The only way to know definitely whether or not syphilis or gonorrhea is present is to go to your private physician or a clinic for an examination, and follow instructions.



Gonococci

How Prostitution and Promiscuity Become Major Carriers

Everywhere that commercialized prostitution is tolerated, medical records show it to be by far the greatest single reservoir of venereal disease infections.

We have learned from medical authorities that 50 to 90 percent of all women in houses of prostitution have syphilis or gonorrhea or both. Couple that with the fact that the prostitute in a brothel contacts many customers each day, and her role in the spread of venereal disease becomes apparent.

An example of the opportunities for widespread venereal infections from this source is shown in a 2-day survey which was conducted in a war-crowded American community before its houses of prostitution were closed. On 2 successive days, between the hours of 2 p. m. and 11 p. m., customers entering 4 houses of prostitution were counted. The number of customers for the first day was 421; on the second day, 284.

Thus, 4 houses of prostitution admitted 705 persons in two 9-hour periods on successive days. The presence of only one prostitute with a venereal infection (a statistical minimum) among the inmates of these houses would indicate a probability of numerous new infections.

In the past, many persons have thought that the establishment of the so-called "segregated" red-light district, with its concentration of prostitutes, was the best way to control venereal disease. Regular medical examinations of prostitutes, they thought, would keep VD from spreading. Today there are indications, among them a survey conducted by a research organization, that a good many people still believe this old fallacy to be true. The chart on page 5 illustrates what people in the United States were thinking in 1942

and 1943 on this subject. Here is a barricade of ignorance which must be stormed.

The theories advanced for the red-light district have been proved false. In 1918, American police authorities reported that upwards of two-thirds of the prostitutes in cities with segregated districts operated outside of them, and later studies show similar results.

Medical authorities, moreover, have shown that red-light districts spread VD and that they are far from being a means of disease control. A few years ago, for example, our Army and Navy, exposed to conditions in various parts of the world, evaluated the effects of segregated districts and their systems of medical inspection. The medical officers of both the Army and Navy found that segregation caused higher VD rates.

Segregation is a menace primarily because it is medically impossible to detect all cases of venereal disease immediately after infection. During the incubation period for syphilis, which averages about 21 days after infection, and which varies from 10 to 90 days, there are no means whatsoever by which the disease can be diagnosed. Gonorrhea is more difficult to detect in the female than in the male. Because of the complexity of the female organs, the germs become so deeply inbedded in certain glands that the disease, although present, cannot be readily detected.

The sexually promiscuous girl or woman who is not a commercial prostitute is another fertile source of venereal disease. Today in cities where red-light districts have been closed, some people claim that she grew out of the repression of prostitution. But she was always there, on the marginal fringe of prostitution, part of the pattern of vice and crime and easy morals of which prostitution was one element. Strictly and realistically speaking, she is a prostitute. Many vice-repressive laws define prostitution as "the giving of the body for indiscriminate sexual intercourse, whether or not for hire."

Prostitution and sexual promiscuity may be as old as mankind, but they need not be permanent problems in our society. Law enforcement officers in this country were among those to prove this during the last 2 years, when they shut down the red-light districts in more than 650 communities. They have also joined with welfare and health agencies in restricting opportunities for sexual promiscuity



GALLUP POLLS

TOTAL

MEN

WOMEN

PERCENT

MUCH REMAINS TO BE DONE
LESS THAN HALF FAVOR REPRESSION

90

80

70

60

50

40

30

20

10

0

1942

1943

1942

1943

1942

1943

Proportion of the American People Favoring Repression as Against Medical Examination
of Segregated Prostitutes

and in guiding the girls and women involved into socially useful activities.

The results of this program are reflected in one index of the extent of America's venereal disease. This index, Army and Navy venereal disease rates, reveals the following general decrease since 1940:

**Venereal disease infection rate of continental Army and Navy
per thousand per year**

[Source: U. S. Army and Navy]

	<i>Navy</i>	<i>Army</i>
1940-----	40	38
1941-----	29	41
1942-----	22	29
1943-----	22 plus	26

The present infection rates of our Army and Navy may look low—on paper. Actually they represent a great waste of manpower and a steady depletion in the strength of our armed forces. The Army rate of 25 means that, for every 1,000 men the Army has under arms in 1943, 25 men were infected; for every million men in the Army, 25,000 were infected. And in 1943, there were nearly 7 million men in our Army alone.

Prostitution's spread of venereal disease was somewhat concealed in peacetime. Military control over a vast number of men has provided us with a yardstick whereby we can measure the effects of prostitution. Today we know facts and figures which certify that prostitution and sexual promiscuity can and must go.

Why Youth Delinquency Is a Part of the Problem

Girls and women do not deliberately select prostitution as their future profession and train for it. They enter red-light districts or readily accede to sexual relationships outside of marriage because of previous environmental or personal circumstances, because of poverty, low mentality, emotional stress, or many other deeply imbedded causes.

Frequently the first signs of this problem show up in childhood in the form of juvenile delinquency. That is the time when it is important to discover the underlying causes of the behavior and to determine the extent to which the *family* and *community* are delinquent. Case histories for thousands of prostitutes reveal that they were first known to social agencies or the courts as children in trouble. Too often they have a history of early promiscuity.

The records of many official agencies show that youth delinquency is on the upswing; no one knows how high it has gone. In a study of records from 83 juvenile courts all over the country, the U. S. Children's Bureau found that the number of cases coming before these courts rose from about 65,000 in 1940 to about 75,000 in 1942, an increase of roughly 16 percent. Not all courts reported an increase—the number of cases in 19 areas dropped during the same period.

The increase in girls' cases in 1942 over 1940 for all kinds of delinquency was 38 percent, while the increase in boys' cases for the same period was 11 percent. Delinquency increases were, as expected, higher in areas of growing population. Reports indicate that in the growing war-production centers, delinquency was accentuated by wartime conditions.

Preliminary telegraphic reports received by the Children's Bureau for 1943 show that in 53 courts, serving areas with population of 100,000 or more, the number of delinquency cases increased 30 percent from 1942 to 1943. In contrast to the situation during the period 1940 to 1942, the increase was somewhat larger in boys' than in girls' cases—31 percent as compared with 29 percent.

These facts should be a matter of grave concern to those communities which have witnessed an alarming increase in the number of girls arrested for sex delinquency alone. In 15 venereal disease Rapid Treatment Centers, 36 percent of the patients treated up to September 1, 1943, were less than 20 years of age.

Although a great part of the statistical increase for sex delinquency is actual, part of it may be accounted for by active VD case-finding and law enforcement in regard to promiscuity and prostitution. Undoubtedly some of the cases shown in present sex delinquency-figures existed in pre-war days but were never discovered.

The best available statistics on delinquency are not too accurate, and they may be out of date tomorrow. The important fact remains that, as long as any of our children are in trouble, we shall have to build greater community safeguards for them.

Putting up one safeguard is not enough—that would be like building a sea wall 3 feet wide which permits the tide to flow around it. Many communities recognize that recreation is a powerful preventive of delinquency, that good recreation programs and high rates of delinquency rarely exist side by side. They are organizing community-wide programs, neighborhood based, offering a variety of athletic, craft, social and war-service activities for all ages and interests. The most successful are those which have stressed youth participation and responsibility in the planning as well as the carrying out of the program. The "Teen-Town" dry night club youth center has sprung to sudden popularity. But to the credit of our young people, it has proved its lasting worth only where it is a part of a solid and varied community program.



There is no pat, certain answer to delinquency. As communities differ, so will their delinquency problems and their best ways of meeting them. But certain youth needs are universal. Each must be met to keep our young people out of trouble.

What Young People Need

Economic Security, Education, Health, and Happiness

1. Economic security and adequate housing, livable homes, where youth may satisfy a need for love, security, and "belonging," and where a basis for a wholesome constructive kind of living is provided.
2. Education that provides a basis for living in an integrated, constructive manner within society, that includes sufficient knowledge of the principles of conduct to prevent undesirable activities, as well as providing a first step toward useful employment.
3. Health protection, to stave off preventable physical or mental handicaps.

4. Opportunities for young people to participate in community activities, such as health programs, self-policing to reduce juvenile delinquency, and other projects designed to awaken a sense of civic responsibility at an early age.
5. Opportunity for recreation and social contacts—space and time for a wholesome, normal ‘life of their own.’
6. Guidance for youth, to help young people make necessary readjustments, or to assist those involved in family difficulties, such as poverty, death, or a broken home.
7. Law enforcement to prevent exploitation of youth, as well as harmful, illegal activities in the community.
8. Religious instruction, to develop self-discipline, self-reliance, self-restraint, and self-respect.

Suitable detention quarters should be provided, separate and apart from the jail, for children who must be detained overnight or for several hours by the police. Being “arrested” by the police is a humiliating experience, at best. A lasting impression is made upon the youngster who is detained in official custody. The manner in which the young offender is treated, the things he hears, or sees, may represent the turning point in his or her life. There should be no need for pointing out the extreme importance of providing the proper type of juvenile detention facilities for our young people.

Juvenile delinquency is a part of our venereal disease problem not only because it contributes toward the number of infections, but also because it is often the first step on the way to sexual promiscuity and prostitution.

Whenever a community succeeds in preventing delinquency, it is, at the same time, destroying some of prostitution’s favorite breeding grounds.

The Role of the School

Next to the home, the school has been recognized as an important agency affecting the life and personality of the child. Teachers are in a particularly strategic position to supplement the training which the child gets in his own home. When the home fails in one or more aspects, this soon becomes evident in the child’s behavior. He or she may become inattentive, tardy, a truant, fail in classroom work, or show other general disturbing manifestations of conduct and personality in meeting the school’s requirements. The teacher has an opportunity to discover the fundamental causes of the child’s difficulties and bring them to the attention of the proper agencies. She should take advantage of every such facility. The families of many of these children may already be known to one or more agencies,

which would thus be familiar with the circumstances and be able to carry on constructive work with the child.

Recently the school has realized the necessity for evaluating the child's total personality in any consideration of his learning ability. Emotional, health and social factors are weighed along with intellectual development. Guidance programs and visiting teachers are now available in many schools in order to aid the teacher in understanding the child in the light of material gained regarding his or her background and home situation.

There is need to make the training for teachers broad enough to instill in them an interest in, and understanding of, the child as a whole. Many cases of delinquency could be averted if the first signs of truancy, for example, were faced immediately as symptoms of a significant problem.

School curricula should be flexible and inclusive enough to meet the needs of all children. Too often a rigid, routine system ignores a child's individual possibilities and results in disinterest on the part of the child—or may even cause marked, or aggressive, non-conformity.

Although the school cannot be expected to shoulder all the responsibilities for the child's development, nevertheless, it is the one agency which reaches the child in the formative stages and should aid him in developing into a happy, healthy and constructive adult in the community.

Some communities have found that year-round use of the school facilities for recreational purposes has contributed to the reduction of delinquency.

The Role of the Church

All religious groups are vitally concerned with the well-being of family life, and church leaders have always been in the front ranks of the battle line against venereal diseases and sexual promiscuity, as evils which undermine family strength and individual character. Before any laws existed requiring premarital examinations for venereal diseases, a good many pastors were accustomed to ask that a physi-



cian's certificate of freedom from these diseases be furnished before they would perform the marriage ceremony. In the family problems which almost inevitably follow VD, the clergyman naturally is often called upon as an advisor.

In the war emergency the churches have often taken the lead, and have staunchly backed up law enforcement against commercialized prostitution, in cooperating with health officials in developing expanded facilities for finding and treating syphilis and gonorrhea, in the intensive nation-wide campaign for public education on VD, and in extending recreational and leisure-time activities for young people. Like the school, the church possesses an essential facility for the latter program—buildings which are suitably arranged and equipped. Churchwoman groups have been active in all these efforts and may be depended upon for continued cooperation.

Because the community naturally turns to the church for spiritual guidance and leadership in the highest ideals in everyday life, its great opportunity lies today, as always, in its long-range program of instruction and guidance, from childhood up. Most progressive churches nowadays supplement the training received in home and school by including appropriate subject matter in church-school classes or young people's groups on preparation for marriage, parenthood and a successful family life. Along with the young people's discussions go similar programs for parents, so that they may be better fitted to guide their children. Many churches provide, through their pastors or specially trained workers, personal counsel on premarital and marital problems. All of these endeavors help to build the strength of character so essential in dealing successfully with situations and conditions which might otherwise result in sexual casualness—and its physical casualties.

ESSENTIAL WEAPONS AGAINST VD

Community Facilities as Primary Factors

Venereal disease is essentially a community problem—but it knows no town, county, or State boundaries.

The bar on Main Street in your town, the house of prostitution near the park, and the little hotel tucked back in a dingy side street may be the places where your town and the town 10 miles away, just across the county line, are getting their venereal infections. If you fail to combat the disease sources in your community, those infections may spread across 10 counties or 48 States. Because infections are not stopped at their source, it takes hundreds of laws, thousands of people, and millions of dollars to get them under control.

One of the main community answers to syphilis and gonorrhea lies in your community facilities and the way in which they are used. Among the most vital of these are your *health and police departments, courts, welfare agencies, and churches*, your *provisions for recreation* and your *schools*, each employed on its own phase of the problem and all working together in a coordinated effort.

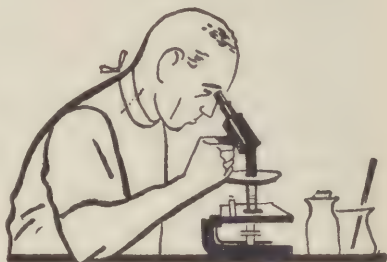
The operations of each agency differ in various localities and States, but certain broad outlines of their duties and functions in the field of venereal disease control can be stated.

The Health Department

The local health department is the center of community action in the control of venereal disease. Its responsibility is to conduct a continuous, active program to locate and treat (or direct to treatment) every case of syphilis and gonorrhea. The health department maintains close working relationships with

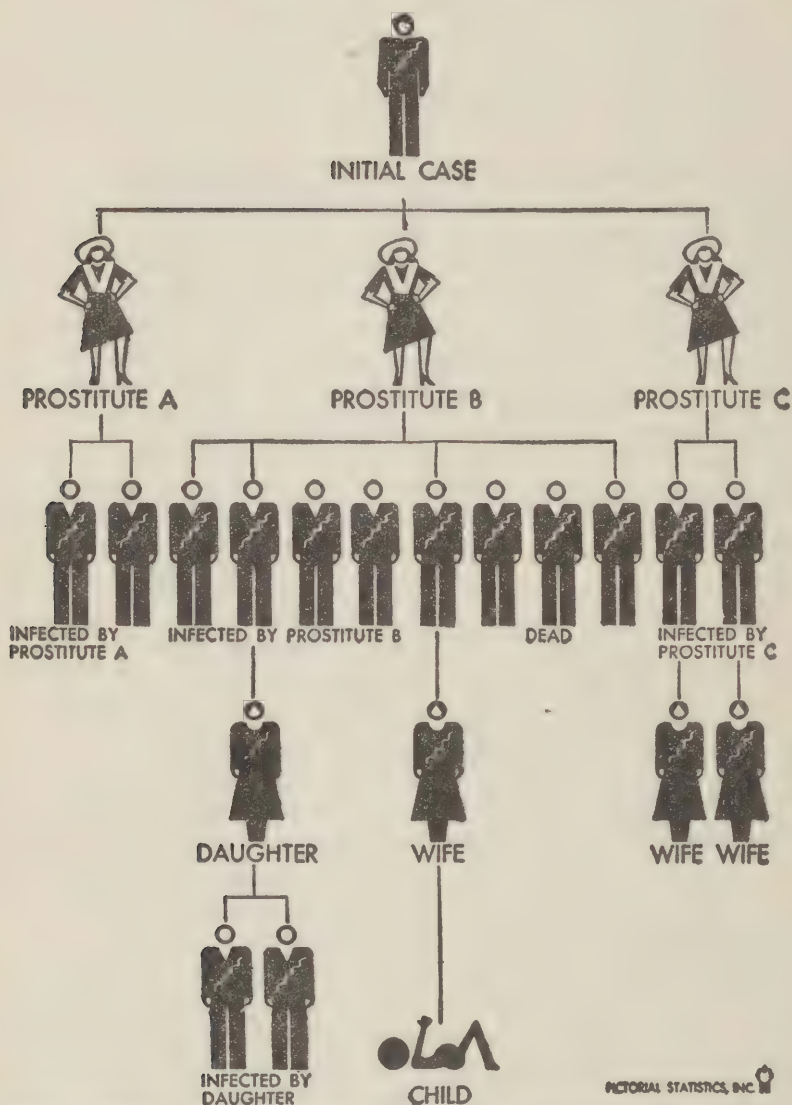
the local physicians, hospitals, social protection representatives, and other community organizations concerned. For aid in securing resources and cooperation, the local health officer calls upon the State health department and the U. S. Public Health Service. The services offered by a health department include diagnosis and treatment of persons with venereal infections, irrespective of race, legal residence, or financial ability to pay for such services. Through State and local health laws, the health department is empowered to quarantine persons with infectious venereal disease, especially those who refuse treatment; this power is used to protect the community from the spread of venereal diseases.

The U. S. Public Health Service cites the following five points as an essential framework for active and efficient public health control of venereal disease:



1. *Every State and large city health department should have a special division devoted to control of gonorrhea and syphilis under the supervision of a trained, full-time public health officer.* The control of venereal disease is a highly specialized branch of public health and medicine, requiring laboratory facilities and qualified physicians, nurses, and other workers. The personnel required to provide adequate diagnosis, treatment, nursing, record-keeping, interview, follow-up, and educational services is determined by the extent of the venereal disease problem.
2. *An efficient and workable system of case-reporting should be set up in sufficient detail so that the health officer may learn the extent and trend of the venereal disease problem with which he is dealing.* Every clinic, hospital, and physician is required by law to report each venereal disease case to the health department. Case-reporting is by no means complete in most communities; this is partly due to the fact that many physicians are reluctant to report their patients, on the ground that a confidential matter may become public. Thus a "workable" system includes an arrangement whereby the names of venereal disease patients are not reported, unless the physician desires help in keeping a patient under treatment.
3. *Approved and practical diagnostic laboratory services should be available without charge to all physicians treating venereal diseases.* These services include: Blood tests for syphilis and culture tests for gonorrhea. Private physicians may also send patients to the venereal disease clinic for microscopic examinations. In 1943, public health laboratories made over 30,000,000 blood tests.
4. *Treatment facilities with both in- and out-patient service should be available for the control of all infectious venereal disease. Drugs for treatment should be provided to all venereal disease clinics and to physicians without charge by the State.* These measures are taken to provide the fullest possible protection to the entire community.
5. *Sufficient number of trained personnel for contact tracing and case finding.* Contact tracing is the process of locating all persons who may have been exposed to each new venereal disease case reported to the health department. This process requires careful and skilled interviewing to obtain from new patients the names and other identifying information on their contacts. The Army, the Navy, the Coast Guard, and War Shipping Administration are cooperating with health departments by reporting to them the contacts of their infected personnel. Thus many previously undetected cases are located and placed under treatment. In addition to the

CASES OF SYPHILIS TRACED TO ONE PERSON IN ONE YEAR



Reprinted from "Shadow on the Land," by Dr. Thomas Parran, with permission of the publishers, Reynal and Hitchcock.

public health nurses who do much of this work, there are about 6,000 specially trained persons assisting in contact tracing in health departments.

Mass blood testing for syphilis is another important case-finding procedure employed by health departments. The blood test for syphilis is also gaining acceptance as a part of all routine physical examinations. However, millions of persons are never required to have a routine examination nor do they seek periodic check-ups by their own physicians.



Some people cannot be depended on to refrain from sexual intercourse until treatment renders them noninfectious. Many

prostitutes, for example, will object to losing their source of income during this period. To protect the community, the health department has the responsibility for placing such persons under quarantine. Where the law permits, this may be done by placing a quarantine sign on the outside of the patient's dwelling, or by sending the patient to a treatment center to receive attention for his or her venereal infection.

Rapid Treatment Centers

A powerful aid to venereal disease control has been the establishment of special hospitals or units in general hospitals, for the rapid treatment of venereal disease patients. These hospitals, commonly known as rapid treatment centers, are using new drugs and treatment methods and as a result are able to give complete treatment for syphilis within a period of days—as compared with the 18 months' treatment required by the old methods. Gonorrhea is also speedily treated in the centers with new drugs—sulfonamides and penicillin.

The establishment of these centers was made possible under the emergency provisions of the Lanham Act, which permit the use of Federal funds for community facilities necessary to the prosecution of the war. By August 1944, 63 centers with a total capacity of more than 6,600 beds had been established in 30 States. Most of these are operated by State health departments. At the request of State health officers, the U. S. Public Health Service has supplied the specially trained physicians for the centers as well as many nurses and technicians.

The local health department is responsible for using the services of these centers to capacity. Persons eligible for admission to the centers are patients referred by the health department and private physicians; and infected persons who seek treatment voluntarily. In addition, persons on probation from a court may seek treatment voluntarily or may be referred by the health department under quarantine, as a

condition of probation. (Statement on ability to pay is not a condition to eligibility for admission.)

Medical treatment alone, however, is not enough. If the promiscuous girls go back to promiscuity, if the prostitutes go back to their trade, if the low-paid workers and stranded girls leave the rapid treatment centers only to face again the same problems and difficulties which contributed toward their contracting a venereal disease, medical treatment will be only a momentary pause in a vicious and inevitable circle.

Patients remain such a short time in the centers that intensive programs for their redirection while they are undergoing treatment have proved impractical. Where qualified social workers are employed in the centers, they are able, within the treatment period, to make a brief analysis of the patients' social problems, and to refer the patients upon discharge to a community agency equipped to provide the necessary social services. In most centers, however, such services are not available, but the doors of the centers are open to those community agencies equipped to assist in this work.

Provision has been made for health departments to follow up discharged patients to assure the future health of the individual, insofar as the venereal disease infection is concerned. The community social agencies should provide parallel services to assure the future well being of those who need help in adjusting themselves to society.

The services of those community agencies, whose wide experience and success in the social rehabilitation of individuals qualify them to undertake this challenging task, should be utilized. The experience of these agencies has shown that success in rehabilitation is more likely with young and first offenders whose habit patterns are not too well established.

The women's organizations of the Nation can do a most effective job in stimulating welfare agencies to greater efforts in behalf of those who have drifted into a way of life which resulted in disease but which should not result in permanent disaster to the individual.

The Police Department

Venereal diseases, like malaria or yellow fever, cannot be controlled by the treatment of infected cases alone. Always the major sources of disease, whether they are swamps, contaminated wells, or red-light districts, must be cleaned up if any real gains are to be made.

Prostitution and sexual promiscuity are the main sources of gonorrhea and syphilis. Because both practices are in most places violations of law, the responsibility for taking action against them falls upon law enforcement agencies. In the city or town this agency will be the police department; in the surrounding area, it will be the county sheriff.

As the health department's work is purely medical, so the enforcement agency's work is confined to the realm of law. Its powers limit it to operation on this basis rather than on the basis of health, welfare, or morals as they exist outside of law. This may seem an obvious statement to make. But at times communities with serious venereal disease problems place the entire blame on their police, whereas, in some cases, nonexistent or incomplete laws are responsible for poor police action. A special section on legislation is presented below. It describes a sound legal basis for venereal disease control.

In communities where red-light districts exist, either openly or undercover, their closure is the first step the police department must take. A tolerated district is usually the origin of most of the community's infections. Effective closing of these districts is a simple and practicable police procedure, which may, however, become difficult if political or financial interests in the community are putting pressure on the police department to keep the district open.

Frequently police have faced this behind-the-scenes opposition, and lacking strong public support for closure, they have gone along with the persons who want the districts to remain open. At other times, these departments have taken effective action without public support and have been far in advance of the man on the street in realizing the necessity for this action. Sometimes they have found themselves misunderstood and subject to public criticism and ridicule. Not a few departments in this position have permitted brothels to re-open.

Police activity should not be directed solely against the prostitute. Equally responsible for the practice of prostitution are the customers and so-called "third party interests"—the owners of property in red-light districts, the madams who run the brothels, the procurers who obtain customers for the prostitute, the taxicab drivers and hotel bell-hops who give out the names and addresses of prostitutes or obtain girls upon request. All of these, the hundred and one persons who keep prostitutes in business, must be stopped.

If police make scape-goats of the prostitutes, leaving the powers behind them untouched, prostitution will soon flourish again. The vice rings can usually find new girls to keep themselves in business.

Prostitution outside of the red-light district must also be attacked. Call-girls, street-walkers, and other varieties of commercial prostitutes are venereal disease carriers. Promiscuous men, girls, and women—who may not charge for their favors—are also prolific in their spread of venereal infections. The disease-bearing practice of all these persons can be reduced to a minimum by intensive and persistent law enforcement.

The community should expect and demand diligent police activity.

It should not be misled by sporadic raids of brothels or newspaper headlines about a few arrested prostitutes—so long as prostitutes are continuing in business. Token raids are no substitute for continued law enforcement.



It must be remembered that not all police action is *against* something. Much of a police department's most constructive work may lie in the supervision of private and public amusement places and the patrol of streets, parks, railway stations and other possible trouble-areas. In

most progressive cities this type of preventive work is done by police-women. This is preventive policing which directly helps the control of venereal disease.

The National Sheriffs' Association and the International Association of Chiefs of Police are supporting the Federal program—the repression of prostitution and sexual promiscuity as VD control measures. Both organizations are represented on the Federal Security Administrator's National Advisory Police Committee on Social Protection, which is composed of leaders in the law-enforcement field. In addition to other constructive activities, this committee has developed an important aid to Social Protection in its manual, "Techniques of Law Enforcement Against Prostitution."

The Courts

The arrest of a person violating an anti-prostitution law is only the beginning of enforcement action. The court completes the circuit, determines guilt or innocence and hands down the sentence on the basis of the offense or crime charged.

Venereal disease does not constitute a crime or offense. The presence or absence of venereal disease is not a factor to be considered in the determination of innocence or guilt. According to the law in some States, the findings of the venereal disease examination are not available to the court until after the person has been convicted or acquitted.

When an offender charged with a particular offense is found "not guilty," but does have a venereal disease, the law in many States provides that the case be turned over to the Health Department, which has the responsibility for seeing that the patient continues treatment either under a private physician, in a clinic, or a Rapid Treatment Center.

When the person is found "guilty," and has an infectious venereal disease, the court may sentence the offender to an institution which should have treatment facilities. As an alternative, the individual

may be placed on probation, at which time the person should receive complete treatment for the infectious disease, under the jurisdiction of the health department, as a condition of the probation.



If the infectious person is of juvenile age, recognition should be given to that fact and the offender should be dealt with as a juvenile case—in spite of the presence of venereal disease.

The court's method of handling persons found guilty of engaging in prostitution and sexually promiscuous practices is extremely important.

A policy of handing down fines or short sentences for this type of offender is completely useless in curbing prostitution.

Effective court action requires, first of all, severe penalties for the aforementioned "third party interests" behind the prostitute—the owners of property, the madams, procurers, the bellhops and taxicab drivers who seek out and direct customers to her residence. These persons are more dangerous than any others involved in the spread of venereal disease through prostitution. They become hardened, relentless promoters of prostitution in all its forms.

During court hearings of their cases, prostitutes may name some of these "third party interests." The District Attorney should be present at such hearings to locate and bring to trial the persons identified as facilitators of prostitution.

Effective court action also demands sentences long enough to permit rehabilitation of the prostitute and the promiscuous girl or woman. The habits of a hardened prostitute cannot be changed overnight. In the case of the first offender whose chances for rehabilitation are good, the court may, however, release her on probation and refer her to a social agency for help in readjustment.

In some communities the work of the police has gone for nothing because their courts were too lenient with practiced offenders. An example of this may be found in one of our large cities where a study was made of 221 women and girls who were known to the police as prostitutes.

During a 3-year period, 150 of these 221 women and girls were arrested on prostitution and allied charges from 1 to 10 times. Twenty-three of them had been arrested more than 20 times. One woman was arrested 92 times.

PUBLIC AGENCIES WORKING TO



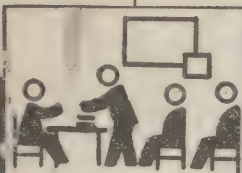
From: *Prostitution and the War*, by Philip S. Brown

CONTROL VENEREAL DISEASES

AGENCY
SOCIAL PROTECTION

LOCAL COMMUNITY

DEPARTMENT
OF JUSTICE



SURVEYS AND POLICY
CONSULTATION



POLICE—WELFARE—
PUBLIC HEALTH DEPTS
JOINT PLANNING



FACTS AND FIGURES
FOR LOCAL AGENCIES



FACTS ABOUT DISEASE
SOCIAL BACKGROUND



PROMOTE LOCAL POLICE
REPRESSION
OF PROSTITUTION



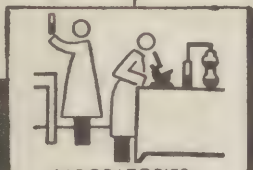
REPRESS PROSTITUTION,
REHABILITATION AND
CRIME PREVENTION



ENFORCES MANN ACT.
LOCAL POLICING
IF MANN ACT INVOKED



STIMULATE JUVENILE
PROTECTION MEDICAL-
SOCIAL CASE WORK



LABORATORIES,
CLINICS, FOLLOW-UP,
FREE DRUGS, ETC.

PICTOGRAPH CORPORATION, FOR PUBLIC AFFAIRS COMMITTEE, INC.

1, with permission of The Public Affairs Committee, Inc.

All told, the 221 women had a total of 2,168 arrests among them for this 3-year period.

What accounts for the ease with which these women and girls returned to prostitution? After checking court records, it was found that in 1,986 of the 2,186 arrests, they were released or allowed to forfeit small bonds. Of the total 2,186 arrests, there were only 182 convictions for prostitution.

In many instances where conviction was possible, short sentences and small fines allowed these women and girls to return to their former trade. That meant that the police were continually beginning all over again in their efforts to wipe out prostitution.

The Social Services

Prostitutes, sexually promiscuous individuals, and juvenile delinquents are people. Doctors cure their venereal infections and police apprehend them for illegal practices without touching upon their basic human needs.

They developed into VD carriers for many different, individual reasons. Poverty may have given them a push into promiscuity or delinquency. Sometimes broken homes, family neglect or emotional factors were responsible. Often bad community conditions—such as poor schools, lack of good recreation, and tolerated red-light districts—helped them to get off on the wrong foot in life.

Unless these human problems and the defects in community living are brought out into the open and explored and dealt with, detention

and treatment of our promiscuous VD carriers will have little permanent value. If we ignore this fact, the chances are good that these persons will return with the same personal problems to their old worlds of poor companions, and unhealthy community environments.

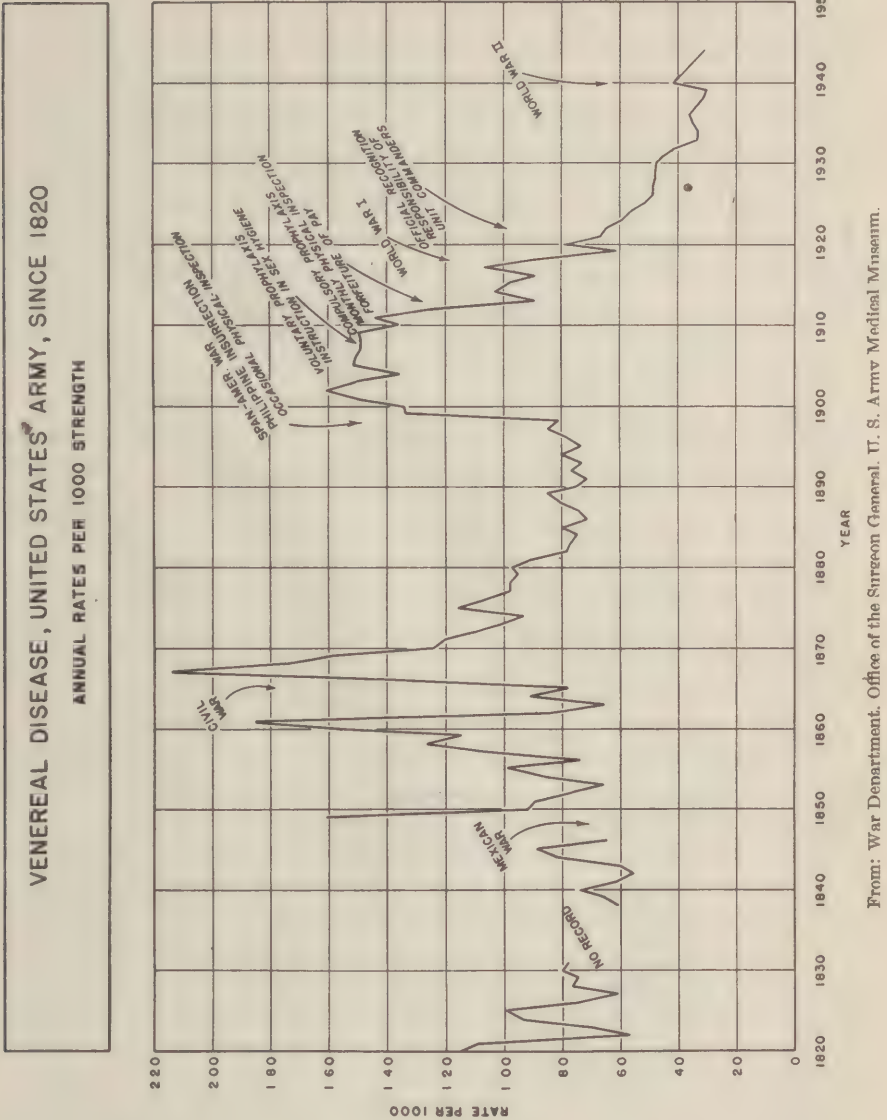
And once more they will go back—again infected—to the police and the clinics and the courts.

Social agencies are essential in community-wide efforts to break this vicious circle of reinfections. Social services are not only available to persons in need of financial assistance. Theirs is also the role

of exploration into personal and general social problems. Theirs, particularly, is the job of erecting safeguards for the community's youth. They can help to prevent disease-bearing practices and to help individuals find the way to a normal and healthful manner of living.



In effective community Social Protection programs, social agencies work closely with the police and health departments. They offer to help persons referred by the police who can benefit by case work



services. They work with infected, hospitalized individuals and help them form constructive plans for the future. They aid other community agencies in strengthening local facilities and in building new defenses against social problems.

The social agency's work is as varied as human difficulties and needs. Some help people to find jobs or get job training. Others give maternity care to unmarried mothers, arrange financial assistance, advise worried parents in regard to handling their children, smooth the way for truant daughters to return home, and advise on marital difficulties. Many problems these agencies meet are complex, but many others are simple—simple to everyone but the person in trouble.

There is a Department of Public Welfare or its counterpart in every State and in most counties and cities in the United States. In general the responsibility of these departments includes the administration of one or more forms of public assistance and the provision of child welfare services as provided for by the Social Security Act, as well as State and local departments. In some instances, Departments of Public Welfare have had sufficient staff to participate actively in Social Protection programs and to cooperate with other agencies in carrying out Social Protection measures.

Agencies maintained by private funds offer a variety of services depending upon the purpose and finances of the particular agency. These agencies include family welfare, child welfare, and youth protective agencies as well as group work agencies. All are important in well-rounded community Social Protection programs.

But the services of agencies are not enough. Social services are needed at every point where the person in trouble becomes a public concern—in correctional institutions, in police departments, in the courts, and in venereal disease clinics. Complete Social Protection requires services in these places to interpret the individual's need to the institution or agency and to help in working out his problems.

Social Protection requires still more than the mere *existence* of social services. You may have heard of cases which no agency would accept—one agency lacked funds; another did not handle certain types of cases. In this kind of anarchy, the person in need of services is left alone in a sort of Never-Never Land. Teamwork and the elimination of No Man's Lands between agencies is essential.

In some communities, Councils of Social Agencies coordinate local social services. These Councils attempt to point out the gaps in services so that all types of cases will be handled.

Other Agencies Concerned

Hotels, taverns, and taxicabs, by the nature of their business, may be used for prostitution practices. Through self-policing, these industries are now taking steps to keep prostitutes and promiscuous women off their premises. Many of them are keeping a careful check on employees to prevent their lending a helping hand to prostitution.

Public Opinion and Public Action

As stated in the beginning, an informed public is one of the community's greatest resources. Public opinion is the stimulus and the foundation for the best work a community does. In the end, it is the people—plain, ordinary men and women like ourselves—who are largely responsible for the way that a town, a city, or county meets its social protection and youth delinquency problems.

We forge the weapons. If our community and State governments need to be more flexible, if our public officials and other representatives need to be endowed with new powers to deal with community conditions, we—as the voting body—can make this possible. On the other hand, we—as citizens and taxpayers—have a right to expect that these officials have initiative, that they make bold decisions when necessary, accept their full share of responsibility, and keep informed of progress made in finding new solutions to old problems.

Prostitution, promiscuity, and juvenile delinquency are everybody's business. They cannot be controlled and prevented by vague general plans or by merely relegating the task to governmental and private agencies. No one agency, nor any few of them, is big enough or clever enough to do the whole job alone.

In hundreds of towns throughout the United States, Social Protection Committees have been set up to mobilize community resources to meet these problems. The Committees' membership usually includes civic officials, private agency representatives, and officials of nearby military stations. Many of them have citizen members; some of them have citizen leadership.

Strong, interested public opinion and public action are imperative in building permanent community Social Protection programs. All of the public cannot take its place at committee tables. But it can take a definite interest in the quantity and quality of local protection work. It can serve as a whip to action.

Young People and What They Should Know

Information about venereal disease should not be confined to the world of adults. Our young people should know about syphilis and gonorrhea and the damage these diseases do to the human body. Our boys and girls should know that prostitution and sexual promiscuity are the chief means of spreading VD. By giving them this knowledge, we rear strong safeguards for their lives as responsible adults and founders of future American families.

If our young people know the facts, they will take their places in the battlelines against VD. They will seek blood tests before marriage and before their children are born. They will refuse to tolerate red-light districts or other forms of prostitution in their communities.

They will realize the physical and moral dangers to themselves and other young people which are inherent in promiscuous sexual conduct.

There is an obvious need for educating young people about marriage and family life. Where and by whom this education is to be given has not been determined. Some believe that this is a function of the schools, others hold that sex education is the responsibility of the parents. It must be done by some one, and it requires special training and skills. Parents and teachers should be trained to carry out such instructions in a healthy, wholesome manner.

Information about venereal diseases and sex, however, are not the final answer. Instruction on sex and its various manifestations, not related to responsibility for conduct and behavior, is misleading and one-sided. Training programs and instructions should be designed to help young people develop self-restraint, self-discipline, self-reliance and self-respect. Any group or agency dealing with young people has this responsibility. The Army, the Navy, and other branches of the armed forces and industry are now touching the lives of thousands of young people in the teen-age group. These agencies cannot afford to ignore the opportunity, combined with the moral obligation, to build strong characters, as well as strong bodies.

Today adult citizens can, if they will, abolish both prostitution and widespread promiscuity. A few battles have been won over these VD carriers, but if these gains are to be held in the future, youth, the citizens of tomorrow, must be in there, fighting, too.

The Importance of Legislation

No Social Protection and VD control program will get far without a broad and solid legal basis on three levels—local, State, and Federal. Among the Federal laws of major importance to these programs are the Mann, Bennet, LaFollette-Bulwinkle and May Acts.

The Mann Act of 1910, prohibits interstate and international traffic in women. Passed by Congress in the same year, the so-called "Bennet Act" makes illegal the importation of aliens for immoral purposes and provides for the deportation of aliens engaging in the business of prostitution.

In 1938, Congress passed the LaFollette-Bulwinkle Act, also known as the Venereal Disease Control Act, which provides the U. S. Public Health Service with funds for financial assistance to the States for VD control purposes.

The May Act (Public Law 163, passed by Congress in 1941) is an emergency measure, to be used when local prostitution problems get completely out of hand. Under certain conditions, it makes engaging in, or aiding and abetting prostitution, a Federal offense in areas

designated by the Secretary of War or the Navy. This act is a war-time measure for the protection of the health of our armed forces.

The Federal legislation which has been enacted is essential and important. Most vice-repressive and VD control legislation is, however, local and State, and for that reason it varies widely. In a sense, it is like insurance. Some States have complete coverage. Some have protection on only a few of the necessary items. Complete State and local legislation should include the following points:

State Laws

Against Prostitution, including:

- giving or receiving the body for prostitution with or without exchange of money,
- soliciting on the streets or in a public place,
- receiving or offering to receive anyone into any place or conveyance for purposes of prostitution,
- keeping a house of prostitution,
- use of trailer, tourist camp, or any conveyance for the purpose of prostitution,
- living off the earnings of prostitution.

Against Aiding or Facilitating Prostitution, including:

- owning or leasing a house for prostitution purposes,
- transporting a male or female for prostitution purposes,
- compelling persons to engage in prostitution,
- acting as a procurer or panderer for prostitution,
- contributing to the sex delinquency of a minor,
- living off the earnings of prostitution.

For Control of VD:

- premarital examination,
- prenatal examination,
- medical examination of all morals offenders,
- reporting of VD cases by doctors to the health department,
- quarantine for contagious diseases, including VD,
- prohibition against advertising of VD remedies by any person or agency other than by the State board of health or by agencies approved by the State board of health,
- prohibition against sale of preparations for the prevention of VD except by places registered by the State board of pharmacy,
- prohibition against sale of medicines to be used for the cure or alleviation of VD, except on prescription by licensed physicians.

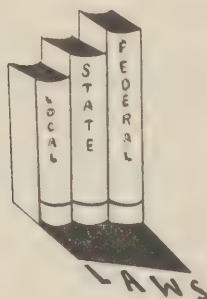
Additional Aids to Social Protection Law Enforcement:

- injunction and abatement laws under which houses of prostitution may be closed,
- laws specifying wages, hours, and types of employment for girls under 18 years of age,
- licensing laws prohibiting sale of liquor to minors, to drunken persons, etc.

Local Ordinances

- curfew (which may be useful if the community has a bad delinquency problem which cannot be handled in a more constructive way),
- protective dance-hall regulations,
- provisions for regulation, inspection, operation of hotels, taverns, tourist camps, rooming houses, "juke joints,"
- supports for State enforcement legislation, such as regulations against street soliciting, operation of houses of prostitution, aiding or abetting prostitution,
- supports for State medical legislation, such as regulations providing for quarantine, treatment, detention of VD cases.

Information about your State vice-repression laws and health laws and regulations may be obtained from your Regional Representative of the Social Protection Division (address in appendix), from your State health department, State legislative library or State Bar Association. Information about your local ordinances and regulations can be obtained from your Regional Representative, your city and county attorney, and your local health officer.



HOW YOU CAN HELP IN THIS FIGHT

We cannot fight an appeaser's war. Mere horror at the extent of syphilis and gonorrhea and wishful thinking about the eradication of these diseases will not advance the battle lines one inch nearer our objective.

You cannot compromise with VD, syphilis and gonorrhea. They are tough and they are dangerous. If you want to destroy them, you will have to cut yourself loose from ancient "hush-hush" attitudes toward VD; you will have to take your courage in hand, get into the front lines, and fight.

In every army, there are special people to do special jobs. That is equally true of the citizen army that goes out to meet venereal disease. The average citizens do not close red-light districts. That is law-enforcement's job, just as treatment for infected cases is the doctor's and the health officer's job. The citizen army must, however, understand the work of its allies so that it can cooperate with them, rouse them to action, and give them strong, constructive support.

What, then, is the citizen's own particular job? What can you do to fight prostitution, promiscuity, and venereal disease? How can you help to develop protective services for young people? That depends upon the facilities existing in your community through which these problems can be met. It depends upon the extent of your local problems and the way that they are now being handled. Your Regional Social Protection Representative can help you fit your activities into the pattern of your community's needs. Write him or go to see him. He will be glad to help you.

You can always do certain things in the fight for Social Protection:

MOBILIZE—general information and facts about prostitution, sexual promiscuity, and venereal diseases through a study program in your organization. Enough material on these subjects is available in printed and visual form to provide an ample program. Some of this material is cited in the appendix to this manual.

Speakers can give your group much helpful information during this study period. Among those you might hear is your Regional Social Protection Representative, who can tell you the broad story of all aspects of Social Protection.

Other speakers might be a private or a public health doctor to talk on the medical aspects of venereal disease, or a representative of a social agency or of your Council of Social Agencies to describe the welfare side of Social Protection. A law-enforcement official or a representative of the American Social Hygiene Association might also be asked to speak at your meetings.

When you believe you have a well-rounded and thorough layman's understanding of Social Protection and VD control, find out your organization's Social Protection "I. Q." by giving your members a true-false type of questionnaire. Even after a period of study, some people have persistent, erroneous ideas about prostitution and venereal diseases. Find out what those false ideas are. If only a few of them turn up, you will know that your study program was a success.

SURVEY—resources in your community to determine your local Social Protection problems and the way that they are being met. Your Social Protection Representative or one of his assistants, your Council of Social Agencies, American Social Hygiene Association Defense Council, health department, police department, and other concerned agencies and officials in your locality can give you a picture of your town's battle against venereal disease, prostitution, and promiscuity.

ENLIST—other organizations in your town to conduct a joint study program with your group. Time and effort are wasted if two groups conduct duplicate programs. If other men's or women's organizations are not at present interested in Social Protection, try to awaken their interests.

In some places, inter-organizational committees have been set up to work out joint study programs. By pooling resources in this way, a larger group of persons learns about Social Protection. After study has been completed the organizations should remain welded together for concerted action.

FIGHT—venereal disease and its leading sources—prostitution and sexual promiscuity. Your constructive means of attack are varied. Before deciding upon any certain one, consult your Regional Social Protection Representative. He or she can tell you what activities will be most helpful in your particular community.

Among the things that you might do are—

1. *Offer the services of your organization to the local Social Protection Committee.* This Committee ties together all Social Protection work in your town. Give it all the help you can. Do not set

up another community committee to duplicate its work. If your town needs such a committee and doesn't have one, your Social Protection Representative will lend you a hand in setting one up.

2. *Work for the passage of good State laws and local ordinances which are concerned with all aspects of Social Protection.* Without public support, such legislation may not be initiated or put on the law books. Help push it through.
3. *Through your Social Protection Committee, inquire about your community facilities. Find out what's wrong with them or what's good about them.* If the jail quarters for girls and women picked up by the police are unwholesome, work to improve them. If juveniles who are held by the police for serious offenses are detained in a jail, try to get better quarters provided for them. These are examples of the things you should learn about your facilities.
4. *Find out where you can volunteer your services to public and private agencies which are dealing with some phase of your local Social Protection program.* Social service and other agencies are short-staffed. If you help them out by doing volunteer work, you'll be taking a big load off their shoulders.
5. *Speak up in favor of the repression of prostitution and promiscuity and for the control of syphilis and gonorrhea.* Write or tell your officials about your point of view.
6. *Help educate the public to the danger of prostitution, promiscuity, and venereal disease.* Perhaps the greatest universal need of communities is for Social Protection education. A special section below is devoted to this subject.

Public Education.

Before launching into a campaign to inform the public about Social Protection, you must first take two steps: (1) study the problems existing in your community; and (2) coordinate your plans for public education with those of other groups and agencies now working on Social Protection in your locality. National Social Hygiene Day, sponsored each year in February by the American Social Hygiene Association, for example, is a focal point for public education in thousands of communities.

An education campaign must be planned around three main points: its sponsorship and organization; the media to be used; and the specific ends to be gained from the campaign.

In many cases it is essential to obtain the *sponsorship* of a professional group in the community, such as a law enforcement or social agency, or of a large civic organization which has funds for an extensive

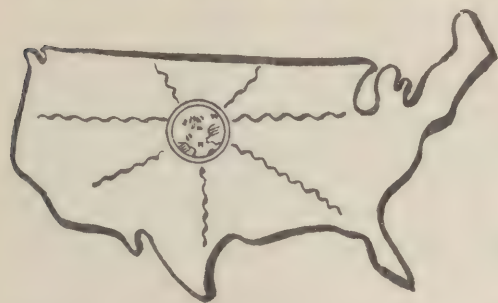
REPORTS	RECEIVED	NOVEMBER 1940	THROUGH	AUGUST 1941
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56	57	58	59	60
61	62	63	64	65
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86	87	88	89	90
91	92	93	94	95
96	97	98	99	100

RATES PER 1,000 TESTED CORRECTED FOR AGE, RACE, AND RESIDENCE WITHIN EACH STATE



From: United States Public Health Service

campaign, such as the Chamber of Commerce. If a Social Protection Committee exists in your town, it would be a logical sponsoring body.



If your organization, alone or cooperating with other non-professional groups, sponsors the campaign and assumes major responsibility in carrying it out, you should still get the support of one or all technical agencies working on Social Protection—the health and police departments, social agencies, and the Social Protection

Division's representative in your area. The public will be more receptive to your program and your statements about Social Protection if it knows that experienced persons endorse your work.

By drawing other community groups into the campaign as co-sponsors, you might also obtain some financial assistance to pay for posters, leaflets, streetcar cards, and other expenses.

Advance plans must be made, too, in regard to the *media* you will use. Probably your cheapest and best means of disseminating Social Protection information are local newspapers, radio stations, and bulletins published by unions, industries, and clubs.

To build up the support of the press and radio, be sure to appoint one or more experienced newspaper reporters and broadcasters to the central committee which is to handle your campaign. This will stimulate press and radio interest and will make professional advice available to you.

In publicizing Social Protection and VD control in newspapers and organizations' bulletins, use:

1. *Spot-news stories* announcing the opening of the campaign, its sponsorship and aims.
2. *Single feature articles* or series of these articles which tell the story of syphilis and gonorrhea as a National menace, of the fact that prostitution and promiscuity are leading sources of VD, and of what your town has done and should do for Social Protection. At all times emphasize your local story to stimulate public interest.
3. *Pictures* showing your Social Protection story in simple, human terms—a person (back to camera, unidentified) getting a blood test for syphilis, a crowd of people staring up at a VD poster, scenes of your closed, former red-light district, a welfare worker interviewing a teen-age girl.

For Radio publicity, do not overlook:

1. *The 10 or 15 minute interview or round-table discussion.* On either type of program you might tell your story through the station's interviewer and a doctor, judge, prosecuting attorney, policewoman, policeman, or a non-professional member of the education campaign's central committee. Many stations which present such programs prefer to write their own scripts after obtaining background material from authoritative sources. Do not impose your own script writing upon a station, but have some scripts ready in case the station requests them.
2. *The spot announcement.* This is a statement of about 100 words about Social Protection for announcements between the regular station and network programs. Prepare a great number of these announcements so that the statements will have variety and will touch upon the various factors which are important to your campaign.
3. *Transcriptions of dramatic programs* about Social Protection and VD control. Your local or State health department may obtain some transcriptions of this type from the U. S. Public Health Service. Although these programs will not deal with your local situation, they will describe the broad patterns of VD control. The American Social Hygiene Association has available some transcriptions which deal with Social Protection.

Many means other than press and radio can be used to give your VD story wider circulation. Among these are leaflets, billboard, store window displays, posters, library displays, motion pictures, slide films, public forums, and lecture programs. You can obtain some posters, leaflets, and films from National agencies. A selected listing of these materials can be found in the appendix to this manual. You might enlist the support of public libraries to cooperate by circulating pamphlets and material not otherwise available to small communities.

In your early planning for a public education campaign, you should decide upon your *objectives* and the Social Protection aspects you must stress to achieve them. In many cases these objectives will need to be geared to your town's greatest needs in its fight against syphilis and gonorrhea.

Public education campaigns can't work miracles, so keep your aims simple and few. Do not confuse the public by publicizing too many different, complex aspects of Social Protection. If you accomplish no more than the stimulation of your townspeople to free and open discussion of the effects of prostitution and promiscuity, you'll have taken a big step.

**Mobilize,
Survey,
Enlist,**

Fight—these are the cues for your participation in the National fight against prostitution, promiscuity, and venereal disease. It is going to be a long fight. It has been a hard one up to now. With your help, the battlefield will become community-wide, making the whole struggle against syphilis and gonorrhea an easier one from here on into victory.



APPENDIX

SOCIAL PROTECTION DIVISION

Address Main Office:

Social Protection Division,
Office of Community War Services,
Federal Security Agency,
Washington 25, D. C.

Address Regional Office:

Regional Social Protection Representative,
Federal Security Agency,
(Street Address, City, and State.)

State and Address:

Region I. Maine, Massachusetts, New Hampshire, Rhode Island, Vermont,
Connecticut: 120 Boylston Street, Boston 16, Mass.

Region II-III. Delaware, New Jersey, New York, Pennsylvania: 11 West
Forty-second Street, New York 18, N. Y.

Region IV. District of Columbia, Maryland, North Carolina, Virginia,
West Virginia: 413 Lenox Building, 1523 L Street NW., Washington 25,
D. C.

Region V. Kentucky, Michigan, Ohio: 925 Euclid Avenue, Cleveland 14
Ohio.

Region VI. Illinois, Indiana, Wisconsin: Room 2200, 188 West Randolph
Street, Chicago 1, Ill.

Region VII. Alabama, Florida, Georgia, Mississippi, South Carolina,
Tennessee: 441 West Peachtree Street, Atlanta 3, Ga.

Region VIII. Iowa, Minnesota, Nebraska, North Dakota, South Dakota:
428 Midland Bank Building, Minneapolis 1, Minn.

Region IX. Arkansas, Kansas, Missouri, Oklahoma: 414 Dierks Building,
Kansas City 6, Mo.

Region X. Louisiana, New Mexico, Texas: 912 Maverick Building, San
Antonio 5, Tex.

Region XI. Colorado, Idaho, Montana, Utah, Wyoming: 311 Equitable
Building, Denver 2, Colo.

Region XII. Arizona, California, Nevada, Oregon, Washington: 785 Mar-
ket Street, San Francisco 3, Calif.

Territories:

Alaska:

Mr. Hugh J. Wade,
Territorial Director,
Community War Services,
Territorial Building,
Juneau, Alaska.

Caribbean Area:

Mr. Conrad Van Hying,
Caribbean Area Director,
Community War Services,
Box 4343, San Juan, P. R.

Hawaii:

Mr. Robert W. Beasley,
Territorial Director,
Community War Services,
425 Dillingham Building,
Honolulu 16, T. H.

LIST OF PRIVATE AND PUBLIC AGENCIES COOPERATING WITH THE SOCIAL PROTECTION DIVISION

Public

1. War Department.
2. Navy Department.
3. U. S. Public Health Service.
4. U. S. Children's Bureau, Department of Labor.
5. Department of Justice.
6. State and Local Health Departments.
7. State and Local Departments of Public Welfare.
8. State and Local Police Departments.
9. County Sheriffs.

Private

1. International Association of Chiefs of Police.
2. National Sheriffs' Association.
3. American Social Hygiene Association.
4. American Bar Association.
5. National Travelers' Aid Association.
6. Family Welfare Association of America.
7. American Public Welfare Association.
8. Child Welfare League of America.
9. National Probation Association.

SUPPLEMENTARY STUDY MATERIALS

Pamphlets and reprints

Source ¹

<i>A Fifth Freedom</i> -----	VD Ed. Inst.
<i>Are You Being Played for a Sucker?</i> -----	USPHS.
<i>Boy Meets Girl in Wartime</i> -----	ASHA Pub. No. A-496.
<i>Calling All Women</i> -----	ASHA Pub. No. A-457.
<i>Citizens of Tomorrow—A Wartime Challenge to Community Action.</i>	CWS, FSA.
<i>Controlling Juvenile Delinquency</i> -----	Children's Bureau.
<i>Gonorrhea, the Crippler</i> -----	USPHS.
<i>It's a Joint Responsibility</i> , by Lewis & Robbins & Roy L. Kile.	ASHA Pub. A-519.
<i>Juvenile Delinquency and the Schools in Wartime</i> ---	Off. of ED.
<i>Laws Against Prostitution and Their Use</i> , by George Gould.	ASHA Pub. A-458.
<i>Moral Goals for Modern Youth</i> , by Eleanor T. Glueck.	Soc. Action.
<i>Out in the Open</i> -----	VD ED. Inst.
<i>Planning for the Kind of Help They Need</i> -----	ASHA Pub. A-479.
<i>Proceedings of the First Regional Conference on Social Protection.</i>	ASHA Pub. A-498.
<i>Program and Publicity Aids for Social Hygiene Day</i> ---	ASHA.
<i>Prostitution and the War</i> , by Philip S. Broughton--	SPD. and Pub. Aff. Com.
<i>Questions and Answers About Syphilis and Gonorrhea.</i>	ASHA Pub. A-431.
<i>Rehabilitation in Action</i> , by Lucia Murchison-----	ASHA Pub. A-564.
<i>So Long Boys!</i> -----	ASHA Pub. A-454.
<i>Suggestions for Organizing a Community Social Hygiene Program.</i>	ASHA Pub. A-433.
<i>Summary of State Legislation Requiring Premarital and Prenatal Examinations for Venereal Disease</i> , by George Gould.	ASHA Pub. A-522.
<i>Syphilis Among Selectees and Volunteers</i> , by Dr. R. A. Venderlehr and Lida J. Usilton.	USPHS.
<i>Syphilis; Its Cause, Its Spread, Its Cure</i> -----	USPHS.
<i>Techniques of Law Enforcement Against Prostitution</i> , compiled by the National Advisory Police Committee on Social Protection.	SPD.
<i>Techniques of Law Enforcement in the Treatment of Juveniles and the Prevention of Juvenile Delinquency</i> , compiled by the National Advisory Police Committee on Social Protection.	SPD.

¹ See last page of list for addresses, etc.

Pamphlets and reprints—Continued

Source¹

<i>The Application of Catholic Philosophy to the Venereal Disease Program</i> , by A. M. Schwitalla, S. J.	ASHA Pub. A-490.
<i>The Case Against Prostitution</i> -----	ASHA Pub. A-303.
<i>The Community and Its Youth In Wartime</i> , by Josephine D. Abbott.	ASHA Pub. A-555.
<i>The Doctor Says</i> -----	USPHS.
<i>The Girl and the Man In Uniform</i> -----	ASHA Pub. A-473.
<i>The New Offensive Along The Police Front</i> , by Eliot Ness.	SPD (ASHA Pub. A-456).
<i>To Attack Delinquency, a Seven-Point Program</i> , by Charles P. Taft.	ASHA Pub. A-526.
<i>Understanding Juvenile Delinquency</i> -----	Children's Bureau.
<i>Understanding Ourselves</i> -----	U. of Minn.
<i>Venereal Disease Control</i> -----	Fed. Woms. Clubs.
<i>Venereal Disease, Prostitution, and the War—A Sound Legislative Program for VD Control and Repression of Prostitution.</i>	SPD.
<i>Vital to Victory</i> -----	ASHA Pub. A-341.
<i>What About Girls?</i> by Eliot Ness-----	Pub. Aff. Com.
<i>What About Us?—A Report of Community Recreation for Young People.</i>	CWS.
<i>What Every Woman Should Know</i> -----	VD Ed. Inst.
<i>What Is Sex Education?</i> by Ray H. Everett-----	ASHA Pub. A-517.
<i>What the Local Parent Teacher Association Can Do About Juvenile Delinquency</i> , by Bess N. Rosa.	ASHA Pub. A-539.
<i>What You Don't Know Can Hurt You</i> -----	USPHS.
<i>Why Let It Burn?</i> -----	ASHA Pub. A-304.
<i>You Can End This Sorrow</i> -----	USPHS.
<i>Young America Needs You</i> -----	ASHA Pub. A-537.
<i>Your Own Story</i> , by Marion Le Faegre-----	U. of Minn.

Posters

<i>A Blood Test for All</i> -----	VD Ed. Inst.
<i>America Needs Strong Men and Women</i> -----	VD Ed. Inst.
<i>Both of These Men Had Syphilis</i> -----	VD Ed. Inst.
<i>Gonorrhea Can Be Cured</i> -----	VD Ed. Inst.
<i>Is Your Family Safe?</i> -----	VD Ed. Inst.
<i>Joe Cared for His Lathe So Tenderly</i> -----	VD Ed. Inst.
<i>Men Who Know Say No to Prostitutes</i> -----	VD Ed. Inst.
<i>Social Hygiene in Wartime</i> , a set including: <i>The Cost to the Public.</i> <i>Diseases of Youth.</i> <i>From Time Immemorial.</i> <i>The Plan of Action.</i> <i>Still at the Top of the Sick List.</i> <i>Syphilis and Gonorrhea Waste Manpower.</i>	ASHA.
<i>VD Posters, a Set of Four</i> -----	USPHS.

¹ See last page of list for addresses, etc.

Films	Source
<i>Fight Syphilis</i> (16 or 35 mm.)	USPHS.
<i>Health Is a Victory</i> (16 or 35 mm.)	ASHA.
<i>In Defense of the Nation</i> (16 or 35 mm.)	ASHA.
<i>Know for Sure</i> (16 mm.—for male audiences only)	USPHS.
<i>Know for Sure, Revised</i> (16 or 35 mm., mixed audiences).	USPHS.
<i>Magic Bullet</i> (16 mm.)	USPHS.
<i>Our Job To Know</i> (16 and 35 mm., especially for women).	ASHA.
<i>Plain Facts About Syphilis and Gonorrhea</i> (16 or 35 mm.).	ASHA.
<i>Prostitution and the War</i> (35 mm.)	SPD.
<i>To the People of the United States</i> (16 or 35 mm.)	USPHS.
<i>With These Weapons</i> (16 or 35 mm.)	ASHA.

In ordering materials, write to the following addresses, which are represented by abbreviations under the "Source" columns above. Limited quantities are available upon request from these sources. When large supplies are wanted, it is suggested that requests be made for quotations on prices, to make sure whether or not any cost is involved.

Source code	Address
ASHA	American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.
Child. Bureau	Children's Bureau, U. S. Department of Labor, Washington 25, D. C.
CWS, FSA	Community War Services, Federal Security Agency, Washington 25, D. C.
Office of Ed.	Office of Education, Federal Security Agency, Washington 25, D. C.
Pub. Aff. Com.	Public Affairs Committee, 30 Rockefeller Plaza, New York 20, N. Y.
Fed. Wos. Clubs	Federation of Women's Clubs, 1734 N Street NW., Washington 6, D. C.
Social Action	Social Action, 289 Fourth Avenue, New York, N. Y.
SPD	Social Protection Division, Community War Services, Federal Security Agency, Washington 25, D. C.
U. of Minn.	The Minnesota Department of Health, Division of Preventable Diseases, University Campus, Minneapolis, Minn.
USPHS	United States Public Health Service, Federal Security Agency, Bethesda, Md.
VD Ed. Inst.	Venereal Disease Education Institute, Raleigh, N. C.

RESOLUTION OF THE NATIONAL WOMEN'S ADVISORY
COMMITTEE ON SOCIAL PROTECTION

Enacted June 9, 1943—Washington, D. C.

WHEREAS, venereal disease is causing millions of man-hours of service to be lost to the armed forces and to war industry, and is also endangering the health and welfare of the civilian population, and WHEREAS, prostitution is the greatest contributing factor in the spread of venereal disease, and

WHEREAS, a Nation-wide program to repress prostitution, control the spread of venereal disease and provide medical and social rehabilitation is an imperative war measure and an indispensable part of a sound welfare program,

BE IT RESOLVED, THAT we, the National Women's Advisory Committee on Social Protection on this 9th day of June 1943, do:

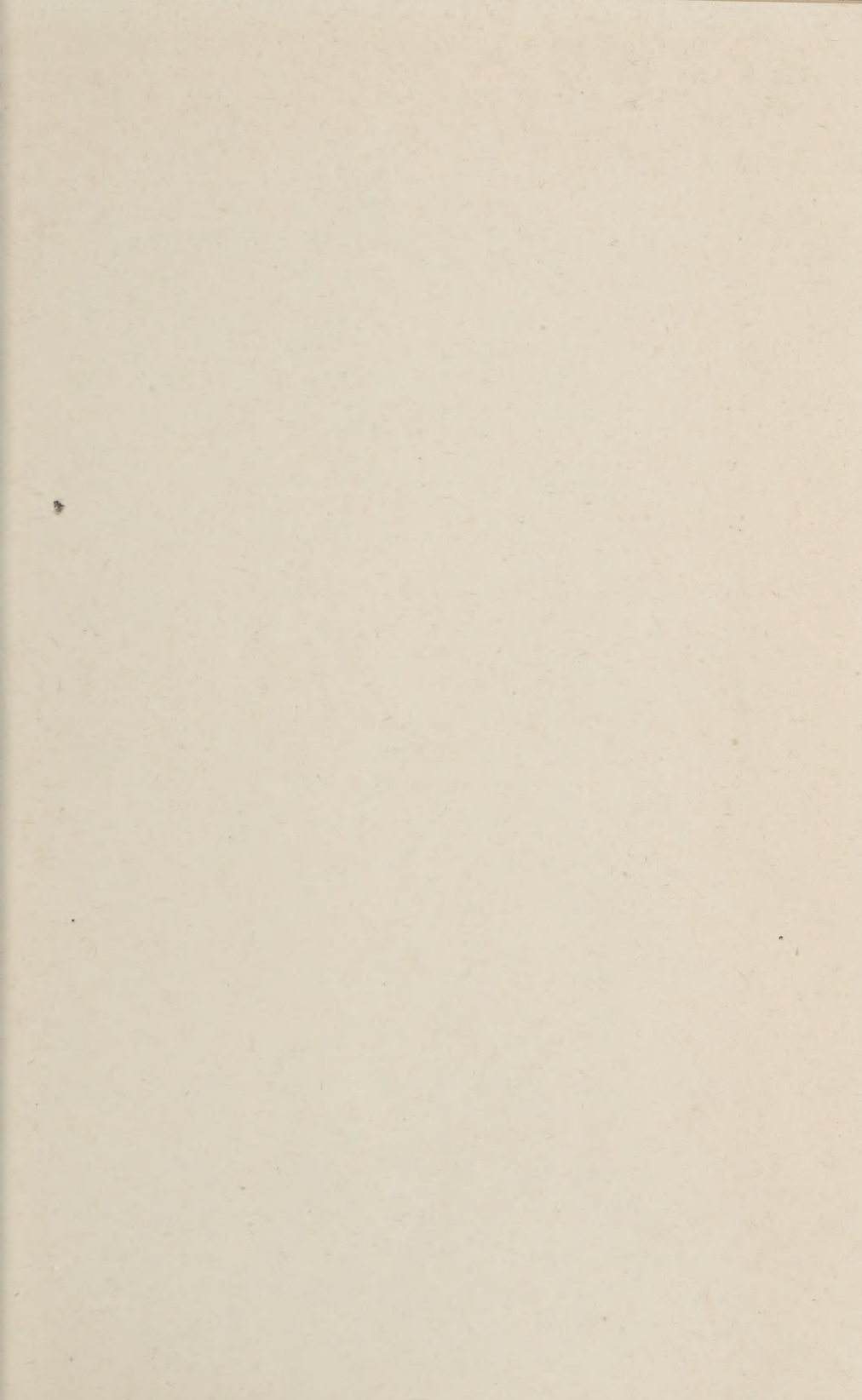
1. Declare our support of the Social Protection Program carried on by the War and Navy Departments, the Social Protection Division of the Office of Community War Services, and the U. S. Public Health Service, in cooperation with the American Social Hygiene Association and state and local officials.
2. Recommend to our several National women's organizations that they officially endorse this Social Protection Program, and further recommend that they undertake such activities as lie within the powers of each, and that they urge similar action by their local groups.
3. Recommend that the work of the National Women's Advisory Committee on Social Protection be continued, and that a more detailed and broadened plan of work to implement this resolution be presented to the several women's organizations, and

BE IT FURTHER RESOLVED, THAT:

1. In order to safeguard the health and welfare of the Nation, we urge the Press, Radio, Motion Pictures, and other information channels, to permit a full presentation of Social Protection information, including frank use of the words, "Prostitution," "Syphilis," "Gonorrhea," and "Venereal Disease." We further urge that informed persons—in addition to medical authorities, be permitted to present this program.
2. That copies of this resolution be given to the managements of the Press, Radio, Motion Pictures, and other channels of information.

(Signed) Mrs. H. B. RITCHIE, (*Chairman*). ELIZABETH CECIL SCOTT.
Dr. HELEN GLADYS KAIN, CAROLINE F. WARE.

Resolution Committee





MEMBERSHIP OF THE NATIONAL WOMEN'S ADVISORY COMMITTEE ON SOCIAL PROTECTION

Executive Committee

Mrs. Horace B. Ritchie.
Miss Bess N. Rosa.

Mrs. Anna M. P. Strong.
Mrs. DeForest Van Slyck.

Organization

American Association of University
Women.

American Legion Auxiliary.

American Medical Women's Association.

American Social Hygiene Association.
Association of Junior Leagues of Amer-
ica, Inc.

Associated Women of American Farm
Bureau.

Bureau of Public Assistance, Social
Security Board.

Cleveland School Board.

Congress of Women's Auxiliaries of the
CIO.

General Federation of Women's Clubs.
Girls' Friendly Society of the U. S. A.
Joint Army & Navy Committee on
Welfare and Recreation.

National Board of the Y. W. C. A.

National Congress of Colored Parents
and Teachers.

National Congress of Parents and
Teachers.

National Council of Jewish Women.

National Federation of Business and
Professional Women's Clubs.

National Nursing Council for War
Services.

National Traveler's Aid Association.

National Women's Trade Union League
of America.

Nursing Division, U. S. Public Health
Service.

Social Service Division, Children's Bu-
reau, U. S. Department of Labor.

United Council of Church Women.

USO Service for Women and Girls.

Consultants and Representatives

Mrs. Harriet A. Houdlette, Washington,
D. C.

Dr. Caroline Ware, Washington, D. C.
Mrs. Lawrence Smith, Indianapolis,
Ind.

Dr. Helen Gladys Kain, Washington,
D. C.

Miss Jean B. Pinney, Washington, D. C.
Mrs. DeForest Van Slyck, New York,
N. Y.

Mrs. Roy C. F. Weagley, Hagerstown,
Md.

Miss Jane Hoey, Washington, D. C.

Mrs. Norma A. Wulff, Cleveland, Ohio.

Miss Eleanor Fowler, Washington, D. C.

Mrs. Horace B. Ritchie, Athens, Ga.

Mrs. George E. Pariseau, Bethesda, Md.

Miss Florence Taaffe, Washington, D. C.

Dr. Janet Fowler Nelson, New York,
N. Y.

Mrs. Frederic R. Scott, Richmond, Va.

Mrs. Anna M. P. Strong, Marianna,
Ark.

Miss Bess N. Rosa, Greensboro, N. C.

Mrs. Gerson B. Levi, Washington, D. C.

Dr. Minnie L. Maffett, Dallas, Tex.

Miss Kathleen M. Leahy, New York,
N. Y.

Miss Bertha McCall, New York, N. Y.

Mrs. J. Austin Stone, Washington, D. C.

Miss Dona Pearce, Bethesda, Md.

Miss Elsa Castendyck, Washington,
D. C.

Mrs. Samuel McCrea Cavert, Bronx-
ville, N. Y.

Mrs. Pearl Case Blough, New York,
N. Y.